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PROVISIONAL SUMMARY RECORD OF THE 24th MEETING

Held at Headquarters, New York,
on Monday, 13 July 1992, at 3 p.m.

President: Mr. GUERRERO (Philippines)
(Vice-President)

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Coordination of the policies and activities of the specialized agencies and other bodies of the United Nations system related to the following theme:

(b) Prevention and control of HIV/AIDS and programmes addressed to the mitigation of its negative socio-economic consequences (continued)

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In the absence of the President, Mr. Guerrero (Philippines), Vice-President, took the Chair.

The meeting was called to order at 3.20 p.m.

COORDINATION OF THE POLICIES AND ACTIVITIES OF THE SPECIALIZED AGENCIES AND OTHER BODIES OF THE UNITED NATIONS SYSTEM RELATED TO THE FOLLOWING THEME:

(b) PREVENTION AND CONTROL OF HIV/AIDS AND PROGRAMMES ADDRESSED TO THE MITIGATION OF ITS NEGATIVE SOCIO-ECONOMIC CONSEQUENCES (continued) (E/1992/67; E/1992/NGO/1, E/1992/NGO/2, E/1992/NGO/6)

Mr. BACKSTRAND (International Federation of Red Cross and Red Crescent Societies) drew attention to the statement on the global fight against AIDS by the International Federation of Red Cross and Red Crescent Societies contained in document E/1992/NGO/6. The Federation and its national member societies had been closely involved in the fight against AIDS from the beginning of the pandemic. That deep involvement was a result, firstly, of their traditional efforts to improve blood-screening processes in connection with the blood services they provided and, secondly, of their dedication to basic human values, including the protection of human rights and dignity so essential to the fight against AIDS. In all its programmes the Federation focused particularly on the most vulnerable groups in society.

He noted that the projection provided by the Global AIDS Policy Coalition of the number of persons who would have contracted AIDS by the year 2000 was higher than that of WHO. No matter which projection was accepted, all involved in providing aid must invest additional resources and guard against complacency.

The Red Cross/Red Crescent welcomed the updated Global AIDS Strategy and was confident that the same spirit which had prevailed during the updating process would prevail in the future. The Federation believed that the Strategy must be continuously renewed and revised, as needed. Finally, he

(Mr. Backstrand)

emphasized that the Federation and its national societies were ideally placed to assist the most vulnerable groups of society and to cooperate in order to reach the goals highlighted during the current session of the Council.

Mrs. KIMBLE (United States of America) said that United Nations system coordination in addressing the HIV/AIDS pandemic was an unprecedented challenge for the agencies that must cooperate to ensure that scarce resources were used effectively. She cautioned that coordination failures, competition and duplication among agencies, sensitivity and resistance to preventive interventions and slow field delivery still could compromise needed donor support for those critical activities. The external review prepared for the WHO Global Programme on Aids (WHO/GPA) Global Management Committee (GMC) contained constructive recommendations for addressing the problems, and her delegation endorsed the flexible framework for future action recommended in paragraph 60 of document E/1992/67.

Her Government strongly supported the recent decision by GMC to establish an AIDS Coordination Forum, to include the United Nations agencies, the International Bank for Reconstruction and Development and bilateral donors, which would meet regularly to deal with coordination problems. She emphasized that the success of new or existing mechanisms could be measured only by visibly improved results, which her delegation hoped to see within the coming year. The highest priority must be given now to establishing tested, cost-effective preventive strategies, and vital, ongoing research must be concentrated in the most promising areas. The scope of the problem vastly exceeded available resources and those resources must be used to support sustainable strategies.

Her delegation was encouraged by the new memorandum of understanding between WHO/GPA and UNDP with a view to strengthening field-level coordination. That approach could prove beneficial in other United Nations agency GPA relationships. Agencies with narrowly focused mandates, such as UNICEF, none the less had an obligation beyond satisfying the tests of complementarity with broadly designed, multi-sectoral, medium-term plans. To maximize their effectiveness, programmes which targeted vulnerable groups must be integrated into overall HIV/AIDS country plans and evaluated in that context.

(Mrs. Kimble, United States)

Underscoring the importance of eliminating overlapping and duplication among agencies, she said that WHO/GPA had the technical capacity and comparative advantage to focus on research and analytical studies, prioritize such studies and co-design interventions, even those outside the health sector. Rarely, if ever, would other agencies need to use their scarce resources to fund studies. UNDP's field network and national capacity-building strengths must be fully exploited in the design of medium-term plans to ensure that the broad economic and social impact of HIV/AIDS were factored into both longer-term development plans and the design of sustainable community-based interventions.

Member States had provided explicit guidance in the agency governing bodies during the past year regarding the roles and responsibilities they expected the agencies to assume. Her delegation expected the agencies to take action and hoped that the vision of an integrated, coordinated United Nations system described in the Secretary-General's report could be fully realized as quickly and effectively as possible.

Mr. MALONE (Canada) said that his delegation eagerly awaited the imminent presentation of the updated Global AIDS Strategy as a formulation of a shared vision for the public policy response to AIDS nationally and internationally. Unless all the agencies and organizations striving to combat AIDS worked within a common framework towards a common goal, their efforts were likely to be fragmented, inefficient and ineffective. Even granting acceptance of WHO's conservative estimates on the future spread of HIV, the cost of the pandemic in human suffering, social disruption and lost economic productivity would be enormous. Proper coordination was therefore critical to maximize the limited resources available to respond to the pandemic.

Adequate sharing of information and mutual respect for the role, function, mandate, jurisdiction and comparative advantage of each agency involved were further prerequisites for inter-agency programme coordination. His delegation concurred with the findings of GMC and supported its initiatives to improve the coordination of international AIDS programmes. The Council should endorse the process initiated at the eighth meeting of GMC, in particular, the recommendation to establish an AIDS Coordination Forum and the

(Mr. Malone, Canada)

call for a review of the adequacy of current mechanisms to coordinate assistance for AIDS programming at the country level and for further development of coordination mechanisms and instruments. His delegation endorsed the concept that national programme coordination was the sole prerogative of national Governments.

His delegation was encouraged by the WHO initiative to develop a new approach to national medium-term planning for AIDS. Although initial responses to the new multi-sectoral plans being implemented in Thailand, Uganda and the United Republic of Tanzania were positive, it was too early to proclaim success. His delegation also was encouraged by the recent development of operational guidelines for the WHO/UNDP Alliance to Combat AIDS. There still was much room for improvement in national-level coordination among bilateral donors, United Nations agencies, international non-governmental organizations and other contributors to national AIDS programmes.

The establishment of a new coordination forum would not by itself ensure more effective and rationalized coordination. It also was essential to review and limit the mandates of existing committees, and his delegation expected a review of United Nations standing and steering committees on AIDS. It also was essential for the new forum to have sufficiently high-level political support if it was to prove effective.

His delegation was confident that with a strong endorsement from the Council, and with technical guidance from WHO, multilateral, bilateral and non-governmental organizations, working as equal partners, would be able to develop effective and efficient mechanisms for AIDS programme coordination at the global and national levels.

Mr. AMAZIANE (Morocco) said that in view of the fact that a vaccine to prevent AIDS had not yet been developed, it would be worth while to invest more financial resources to promote the role of moral education to encourage abstinence in sexual relations.

Dr. MERSON (World Health Organization) said that thus far no cure or vaccine to combat AIDS was in sight. The most optimistic scenario was that a preventive vaccine might be available by the year 2000.

(Dr. Merson, WHO)

No country, race or religion was spared. Since the risk of becoming infected with AIDS was so closely related to sexual behaviour, it was important to educate people about the risks and about how to prevent infection, for example, by encouraging abstinence, mutual monogamy and the use of condoms. Ninety per cent of the increase in AIDS cases in the past six months had been contracted through heterosexual relations, a trend which would continue.

The PRESIDENT, speaking in his personal capacity, said that there was no place for moral value judgements and that the dignity and human rights of those who suffered from AIDS must be protected. He hoped that a preventive vaccine and cure for the disease would be found, and saw merit in providing education in safe sexual behaviour, just as people were taught basic personal hygiene and good grooming habits.

Ms. REID (United Nations Development Programme) recalled a verse from Deuteronomy in which the faithful were urged, if seeking the commandment of God, not to look up to heaven or across the sea, but to search their own hearts. So it was with the HIV/AIDS crisis. People did not have to look to some external intervention to protect themselves. But simply by changing their behaviour, they could coexist with the virus and be unharmed by it.

The questions of how behaviour was to be changed, and what should be the role of moral teaching in that endeavour, were important ones. Only the individual could change his or her sexual or drug-using behaviours, but it was important for the community to support and value such behaviours as would not lead to infection by HIV. Anything that fostered such community values, clearly, would also encourage those behaviours. She stressed that moral prescripts were not the answer, as they would only be ignored; what was important was the set of behaviours agreed upon by the members of a given community.

Mrs. HELKE (United Kingdom) wondered how external donors could help elicit from communities and Governments a response complementary to their efforts at fighting the HIV/AIDS pandemic. She would be interested to hear the contributions of specialized agencies not yet heard from, such as the United Nations Environment Programme, the United Nations Industrial

(Mrs. Helke, United Kingdom)

Development Organization, the International Labour Organisation, and the United Nations Population Fund; each had no doubt learned enough in the first decade of the crisis to offer guidance for the next. Finally, more effective action might be taken to remove the social stigma attached to HIV/AIDS; in that connection, the Turkish delegation had asked earlier about the human rights aspect of the matter and had not, she thought, received an adequate response.

Mr. DODD (United Nations Population Fund) said that the Executive Director of the Fund had referred to HIV/AIDS prevention in his presentation during the High-level Segment. He reaffirmed UNFPA's commitment to working closely with its sister agencies to develop and refine mechanisms for imposed coordination of AIDS prevention programmes in the context of an overall AIDS strategy.

Ms. DIOP (Observer for Senegal) noted that, in speaking of sexual behaviour, the representative of the World Health Organization had stressed the importance of abstinence, but also of mutual monogamy. In view of the fact that in Senegal 60 per cent of the men were polygamous, she wondered if he could clarify his remarks.

Noting that most speakers had emphasized prevention, she pointed out that AIDS sufferers were dying more quickly and in greater numbers in Africa than in the West. Some villages had been entirely wiped out by HIV/AIDS. More attention should be paid to making resources available to help those already ill.

Dr. MERSON (World Health Organization) said that instead of "monogamy" he should have used the word "fidelity". Clearly, if in a given society a man had two or three wives, all partners must avoid sexual relations with outsiders in order to minimize their risk of infection. Those most at risk were those who had many casual partners.

Caring for AIDS victims was indeed a heavy burden in Africa; in some countries in Africa, 70 per cent of hospital beds were occupied by AIDS patients, half of whom also had active tuberculosis. The focus was on providing care within the community, since most AIDS-related diseases could be treated at home. Africa faced three epidemics: "silent" HIV, which was being

(Dr. Merson, WHO)

countered with prevention; active AIDS, which was being treated with palliative care; and tuberculosis for which active treatment was being provided.

On the question of how external support agencies could facilitate the work of the community, he noted that the International Federation of Red Cross and Red Crescent Societies had played a critical role in community action. Such groups must be included in the global forum, bringing together all contributors to the Global Programme on Aids, which was to meet once a year to review that programme.

The human rights issue was a fundamental one. Governments must recognize discrimination wherever it arose and use their own resources to deal with it. Stigmatization of AIDS sufferers was contrary to good public health practice, as it drove them underground and out of reach of public health information, and Governments must be made aware of that fact.

Mr. MONGBE (Benin) asked the representative of the World Health Organization whether he had statistics on the number of people who had died of malaria as compared to the number who had died of AIDS. Most of Africa's problems stemmed from malaria, which was the disease of poverty. Malaria, like AIDS, weakened the immune system and thus increased the danger of HIV/AIDS infection.

Dr. MERSON (World Health Organization) said that to date between 10 and 12 million persons world wide, about half of them in Africa, had been infected with the HIV virus. Some one and a half million, about a million of whom were in Africa, had gone on to develop AIDS. About a million people died every year from malaria; probably the vast majority of them were Africans. The current session was not intended to gauge the relative seriousness of the two diseases, but to discuss the coordination of AIDS prevention activities. Much time and money was being invested in HIV/AIDS because, unlike malaria, it was 100 per cent fatal, struck young adults preferentially and had devastating social and economic effects. It was hoped, however, that the resources made available were additional to those devoted to other diseases that WHO certainly continued to consider very serious, such as malaria, diarrhoeal diseases and onchocerciasis.

Mr. BACKSTRAND (International Federation of Red Cross and Red Crescent Societies) said that the debate on HIV/AIDS raised questions not ordinarily spoken of at meetings of the Economic and Social Council: human rights, discrimination, the need to change sexual behaviour. Society wished to believe that it could predict life and well-being, but life was unpredictable. The AIDS pandemic was humbling and gave one a greater regard for life, not all of which was within the purview of science.

Mr. RADE (Netherlands) sought further clarification concerning the relationship between the Global Management Committee (GMC) of the World Health Organization Global Programme on AIDS (WHO/GPA) and the Economic and Social Council and asked whether the new arrangements to combat AIDS resulting from the new procedures in the GMC would be considered only at the World Health Assembly (WHA) or by the Council as well.

He noted that the Declaration on the implementation of field coordination of the AIDS programme of the United Nations system contained no reference to the role of the resident coordinators and recalled the repeated calls made during the high-level segment for stronger coordination of the field-level activities of the system under the leadership of a central person, namely the resident coordinator, who could also perform a catalytic role in the implementation of AIDS programmes.

Dr. MERSON (World Health Organization) said that, in its recommendation on country-level coordination, GMC had asked GPA and its partners in the United Nations system, together with the bilateral agencies, to formulate proposals on ways of improving the country-level coordination of United Nations AIDS programmes. Such improved coordination was to build on existing mechanisms, such as the coordinating role of the resident representatives, while looking at new strategies and approaches.

Regarding the relationship between the various bodies, he said that GMC reported directly to the Director-General of WHO, who then reported to WHA. Most members of GMC also attended the Council, either as members or observers, and WHO would be happy, if requested, to report back in 1993 to the Economic and Social Council and to the governing bodies of other United Nations agencies on the outcome of GMC discussions.

Mrs. KIMBLE (United States of America) said that her delegation hoped to hear more on the question of AIDS from the developing countries.

In addition, the United States had been concerned by the conclusion in the statement by UNICEF that redirecting resources through new, more narrowly focused mechanisms was unlikely to be effective, and she wondered whether UNICEF therefore opposed the strengthening of coordination in that area.

Mr. DECOSAS (Canada) said that coordination was ultimately a question of resources and it was therefore essential to know exactly how much money was available. In 1991, US$ 250 million had been set aside in official development assistance (ODA) for AIDS-related programmes, which averaged out at $25 per infected person per year, without allowing for bureaucratic costs, which had probably absorbed more than half the total amount. Of that US$ 250 million, less than half came from the multilateral system; therefore the actual cost of the pandemic was borne by the sufferers and the countries concerned, not by donors and multilateral agencies.

While the agencies' statements on AIDS were interesting and their presentation of a high quality they were somewhat lacking in realism. The bottom line was that, given the scarcity of resources, only small pilot projects were feasible. No significant increase in ODA could be envisaged, hence increased funding for AIDS programmes would have to be offset against other ODA allocations. For that reason, the meagre resources available must be used on worthwhile initiatives: that was precisely where coordination was most urgently required. It was therefore essential to establish exactly what useful contribution the various agencies could realistically achieve.

Responding to a question from the representative of Benin, Dr. MERSON (World Health Organization) said that currently more people died from malaria than from AIDS; however, within five years the number of deaths from AIDS worldwide and in Africa would equal those from malaria.

In Africa AIDS had initially been confined to the urban elite; however, that was also changing and in parts of central and eastern Africa one in three urban adults and one in six rural adults were affected by the disease. He concurred with the representative of Benin, however, in that AIDS was not the only poverty-related disease in Africa; the problem of malaria remained

(Mr. Decosas, Canada)

extremely grave and he stressed the consequent importance of the summit meeting on malaria to be held in Amsterdam in October 1992.

Mr. YENEL (Turkey) asked what procedure was followed when an agency experienced financial problems and its AIDS resources were depleted: did GMC look for another agency to assume that part of the programme?

Ms. DIOP (Senegal) said, with reference to field coordination, that priority should be given to strengthening the support mechanism, particularly in the provision of health services, where UNDP, UNICEF and WHO played a key role. There had been much talk of increasing the role of the resident coordinators but it was unclear how an integrated approach could be achieved or how African countries could rearrange their health priorities in favour of their AIDS programmes when resources were in such short supply. She wondered what steps UNDP, UNICEF and WHO intended to take with a view to strengthening the support mechanisms and achieving an integrated approach which would encompass not only AIDS, but also malaria and other diseases.

Mr. GORELIK (Russian Federation) said that further clarification was required on the respective priorities of the long-term and short-term aspects of the AIDS campaign. In particular, the representative of WHO had said in his statement that all external support for country-level efforts must be directed towards medium-term plans, seemingly implying that WHO had underestimated the need for urgent measures at the country level. Perhaps the WHO representative could indicate what were the short-term priorities in the coordination of AIDS programmes at the country level.

Ms. REID (United Nations Development Programme) said that the representative of the Netherlands had raised a critical question for the Economic and Social Council. If the Council was to play a leading role in coordination and restructuring within the United Nations system it would obviously be the crucial body as far as HIV/AIDS-control coordination was concerned. As to the nature of the United Nations field presence and how to unify it, that was for the Council itself to decide.

UNDP believed that the increased focus on AIDS was in fact constructive. The agencies were sharing responsibilities for AIDS-related issues, and the greater attention given to their activities was actually a kind of supportive monitoring that made a case for the Council's priorities. UNDP was aware that

(Ms. Reid)

HIV/AIDS had to be given priority and required coordination and effective action. As to how UNDP could help with the coordination, a point raised by the United States and Senegal, the first step would be to strengthen the Programme's own AIDS-response capacity. UNDP was an agency in transition: it was moving from being a technical financing agency, a management agency, to being an agency engaged in both management and the substantive work of policy dialogues and the establishment of programmes to improve living conditions. It must therefore devise a better response to AIDS in order to help with national capacity-building and with coordination. The UNDP statement circulated to members outlined the different roles played by the resident representatives in the areas of donor coordination, resource mobilization, programme support, monitoring of financing and advocacy. The latter two were new roles for them and all 114 field officers in 150 countries were still learning what worked with regard to AIDS, a massive task. The Programme was trying to strengthen their performance by using interregional funds for training and materials workshops and the like. One model, which was working well in Senegal and about three other African countries, was to have UNDP act as the lead agency in donor and resource mobilization and programme development while WHO acted as the technical secretariat. As the United Kingdom had observed on behalf of the European Community at the previous meeting, there were many different sets of coordination mechanisms that served in different contexts. The point was to find one that worked; it did not matter which agency was leading the effort.

Canada's comments on ODA flows for HIV/AIDS action needed to be set in context. The total ODA of $54 billion available worldwide did indeed amount to less than $1 per person per month. If one saw ODA as a global safety net, constituting on the average 0.03 per cent of a nation's gross domestic product (GDP), as against the level of spending Governments were willing to devote to national social safety nets, constituting on the average as much as 25 per cent of their GDP, the amount channelled to ODA was miniscule. The AIDS epidemic would probably force Governments to address that shocking disparity. It should be noted that there were problems in general with ODA flows. Countries which were doing the most to address poverty or epidemics

(Ms. Reid)

tended to receive less while those with much higher per capita incomes and the highest military expenditures tended to receive more ODA. However, she herself found Canada's "realism" sad and would not necessarily subscribe to it. Given the two polarities in the AIDS issue, its specificity and its pervasiveness, she believed that most funding flows would be affected by the epidemic and that resources would have to be drawn from all categories and not merely from earmarked funds.

Mr. SHERRY (United Nations Children's Fund), referring to the issue of values promotion and how it related to coordination by the United Nations system, said that traditional values were often a bondage for some members of society, particularly women, and the United Nations needed to devise strategies, as it was in fact doing, that promoted both cultural reinforcement and cultural adjustment when practices ran counter to international human rights norms. The powers of society to change from within were substantial. In that, the United Nations was guided by important conventions such as the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child. The former espoused the principles of the rights of access to health care, including reproductive health care and information, and to economic well-being which, if vigorously implemented, would go a long way towards bringing about the societal changes required to assist in the AIDS epidemic. Similarly, the Convention on the Rights of the Child stipulated access to health services, information, care and shelter, and protection from sexual exploitation, all necessary preconditions to any long-term impact on the epidemic.

AIDS did not affect all equally. While it was true that in Africa men with money had preferential access to the virus, by the same token women and youth without money also had preferential access because of their involvement in the same sexual activities. Malaria, too, had its own preferences and also fell most heavily on the poorest in society.

As to what UNICEF was doing to assist in community-based care and the reasonable request by the representative of Senegal that UNICEF should help to provide an easier death for AIDS sufferers, the common element in achieving both was a destigmatization of AIDS. Data from one African country indicated

(Mr. Sherry)

that 50 per cent of those surveyed would refuse to care at home for a family member. Yet to depend on hospital-based care for AIDS would simply bankrupt an already struggling primary health care system. Action to destigmatize the disease was therefore essential, and at the very least UNICEF should take steps to ensure the care of survivors and the handing down of property, which would help AIDS victims to an easier death.

What made coordination effective was the political will of national leaders who in turn responded to the determination of fellow leaders, particularly at the United Nations. They were the ones who must make youth a priority and promote access to reproductive health services for women and access to communications and media channels for technical leaders. A supportive environment and leadership by example in a collaborative spirit were also necessary. The Governing Council's coordination had been effective up to a point, but as Canada had pointed out, it was no substitute for political leadership and adequate resources, but rather followed upon them.

In the UNICEF statement singled out by the United States, UNICEF had been referring to the distinction between creating new channels for AIDS action and trying to co-opt existing channels and resource flows. It would be an extremely complicated procedure to try to establish separate national AIDS coordination plans and to move all resources through one narrow funnel. UNICEF advocated using existing national channels and incorporating an AIDS dimension into existing aspects of its programming such as primary education, primary health care, the training of traditional birth attendants, health communications, women's programmes and contacts with non-governmental organizations.

As to what happened if one agency ran out of funds for AIDS programmes, unfortunately if they were out of money, they were out of money. There had also been an earlier question regarding pediatric AIDS and what UNICEF was doing. Since most children died before the age of two undiagnosed, all that UNICEF could do was to improve community-level health facilities and family health care so that social services could intervene earlier on - a daunting task.

Dr. MERSON (World Health Organization) said that when the WHO Special Programme on AIDS had first begun in 1987, it had been the primary avenue for AIDS action. At that time the seriousness of the disease had not been recognized. It was now clear where the epidemic was going, and more agencies had become involved. While it was true that only $250 million had been allocated, as Canada had pointed out, that was far more than to any other health problem. AIDS was different from other diseases and as an expanding epidemic it required more resources than any other.

He believed that there was room for improving coordination. In 1987, WHO had thrust beyond its normal way of operating, and as other agencies had joined in, some duplication had occurred at all levels. It was helpful now to focus on that. However, the solution to the coordination issue must be co-ownership by the agencies involved. The WHO/UNDP Alliance to Combat AIDS had always been a remarkable model for cooperation and was in its updated form an even better one.

The most critical element, however, was to have coordination at the country level take place around the medium-term plan of national AIDS programmes. Unless all United Nations partners and bilateral donors supported the medium-term plan, there would be a breakdown in coordination; and unfortunately in many countries, as more agencies had become involved, the medium-term plan had not been endorsed. The GPA Global Management Committee would study the existing mechanisms over the next four months and consider whether there was a need to create new ones. The proposed coordination forum meeting a few times a year to deal regularly at the global level with coordination issues involving funding, programming or policy would also be reviewed.

WHO had a clear role to provide technical and policy leadership in combating AIDS. The world needed consistent information and technical health-policy advice. The coordination strengths of WHO had been outlined in the statement it had circulated to Council members. It certainly had the will to fight the epidemic.

The PRESIDENT observed that AIDS research would for some time to come focus on prevention, on sexual behaviour, rather than on a cure. The important thing was that the six agencies involved should be mobilized, and they were active, despite the limited resources. WHO was taking the lead, although WHO itself urged coordination mechanisms. Government representatives must review the proposed ways of coordinating and perhaps suggest others.

The meeting rose at 6.10 p.m.